



Havana Revisited

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A small group of Cuban public health leaders, including Dr. Emigdio León Columbié, the Director of the National Institute for Worker Health, (INSAT) want to put the issue of lead exposure on the Cuban public health agenda. They believe that an international conference on the health effects of lead would introduce the issue to other institutes within the Ministry of Public Health and to other ministries. In early December 1998, I joined three US colleagues in a five-day visit to Havana and Dr. León's institute. Our mission was to plan a workshop on lead with experts from the US, Latin America, and Cuba, to be held in Havana in May, sponsored by the Pan American Health Organization (PAHO).

For me the trip was an opportunity to revisit a country with a remarkable public health system and the health statistics that reflect it. Many things in Cuba today are not so happy, and the health system, like other sectors, is caught in economic turmoil. I had not been in Cuba in 11 years, it was 17 years since I had first visited INSAT, and I was curious to see whether the current economic upheaval has adversely affected the health system.

Since my last visit, the Soviet Union has collapsed and all the former Communist states have introduced market economies. None of these countries continues to support Cuba as it did before 1990. Cuba, in response to an abrupt end in Soviet bloc assistance, has invited private foreign investment, particularly in the tourist industry. (The production sectors of the Cuban economy remain in government hands.) The United States has responded to increased European, Canadian, and Latin American investment in Cuba by trying to discourage it, including enacting the 1996 Helms-Burton law, which tightened US trade restrictions.

The consequences of losing Soviet support and of the new investment are immediately visible in Havana. One arrives in a shiny new red and white international terminal at the José Martí Airport, built with Canadian assistance. Traffic on the poorly repaired roads and streets has increased, and new cars and trucks have replaced many of the 1950s American (leaded) gas guzzlers and the newer, but instantly decrepit Soviet-built Ladas.

The new commercial joint ventures also stuck out amid Havana's otherwise crumbling infrastructure. Tourist hotels have sprung up along the beautiful coastline. We stayed in a Spanish joint venture hotel, one of 10 the Melia chain has built in Cuba in the last few years. Moreover, most of the new European, Japanese, and

Korean vehicles I saw carried commercial logos indicating ownership by foreign firms. Similarly, Canadian and European tourists—well dressed and clearly on vacation—roam the streets of Havana in numbers that far exceed the number of glum Russian and East German technical specialists who came to Havana in the past.

Some Cuban ventures succeed in the hard currency part of the economy. One evening my colleague from Chicago and I were taken to the most successful restaurant in Havana, *El Aljibe* (The Cistern), which was crowded with foreigners, even a few from the United States. At the next table sat Senator Christopher Dodd (D-CT), conversing with Pablo Armando Fernandez, a well-known Cuban poet. *Aljibe's* dollar-paying patrons were consuming large quantities of delicious roast chicken with beans and rice (*moros y cristianos*) and lots of local beer.

Obesity, particularly in men, had been a serious problem when I visited Havana in 1987 for PAHO. At the time, my PAHO colleagues were deeply concerned about the Cuban diet—rice, beans, and fatty pork with virtually no fruit, vegetables, or seafood. Today the populace is visibly thinner. I was told by a Cuban colleague that adult caloric intake had dropped to 1200 calories per day in the darkest days—made even darker by electric power shortages—of the early 1990s. No one starved, but my Cuban hosts were quick to point out that they had protected their chil-

Overseas Observer

dren, unlike the Iraqis faced with a similar embargo. Children have maintained their normal growth. Several public health experts have suggested that a reported decline in cardiovascular disease mortality may have resulted from a combination of decreased caloric intake and increased exercise. For several years, the Chinese government gave Cuba about 500,000 bicycles per year to help replace the dying automobiles.

Almost every Cuban I met pointedly told me how hard life had been at the beginning of what everyone calls the "special period," starting with the collapse of the Soviet Union. The country was so poor that people were not only eating far less, but truly dispirited. A national depression had set in.

All of the above is to preface the special problems of Cuba's health sector today. Its successes are notable, but its future is clouded. The Cubans like to tell the story of

health programs in their country starting with a commitment that dates back to their 1958 revolution. The victorious revolutionaries declared that "all [health] services are free." The resulting programs are entirely governmental, with little or no participation from private and joint ventures.

The Cubans have constructed a massive health sector, dominated by a program of physician services. The government has trained far more doctors than had left the country following the revolution. Today Cuba has one physician for every 175 people, although many of them work abroad as part of Cuba's medically oriented foreign aid program. (During my stay, 300 physicians were dispatched by the government to Central America to aid recovery from Hurricane Mitch.)

Family doctors' offices, polyclinics, and municipal, provincial, and specialized national hospitals are linked programmatically. Each of these elements also contributes to a

national system of disease surveillance and control. The office of the Vice Minister of Public Health, with whom I met, aggregates reports, some filed daily, from family doctors, polyclinics, and then municipal, provincial, and national hygiene or epidemiology units. The ministry of public health concentrates on four groups of problems: maternal and infant health; infectious diseases; non-infectious diseases; and the problems of the elderly. Long before it has a chance of becoming an industrial country in terms of production or personal income, Cuba's health statistics reflect the benefits of the comprehensive medical care system and the public health and sanitation efforts that have reduced occupational, foodborne, and waterborne disease to industrial world levels.

To understand how the mixed economy of the future—part socialist and part market—may affect health in Cuba, I was able to compare, during my short visit, the recent fate of two public institutions: Dr. León's institute, INSAT, which I first knew from my 1981 visit, and the Center



for Genetic Engineering and Biotechnology (CIGB), which I had first visited in 1987. INSAT, ensconced entirely within the government sector of the economy, provides consultation and studies to all employers and enterprises, private or public, without charge. INSAT staff study the health of workers, investigate conditions in the working environment, and recommend how workers can be protected more effectively. The work is very similar to our National Institute for Occupational Safety and Health.

CIGB is also a government institute. It develops and produces biological products, principally vaccines, using recombinant DNA technology. It then markets and sells its products, as much as possible outside Cuba for hard currency. At least that is the plan. Most products are still in the R&D phase.

The physical plants are the first indication that the two institutions are treated differently in the Cuban scheme of things. INSAT is located in the scattered patient pavilions of an abandoned TB hospital in an industrial suburb. (In 1997, Cuba reported 1346 cases of tuberculosis for its population of 11.0 million, or 12.2 per 100,000 inhabitants. The institute's equipment is old and failing. The atomic spectrometer from East Germany no longer works, and the budget cannot sustain buying a new one for \$100,000. There are only two Pentium computers. My colleague from New Jersey used one, a machine donated by a Belgian colleague, to demonstrate geographic information system mapping software to the institute's professional staff.

At CIGB—near the coast and close to the airport and national convention center—millions of dollars of hard currency are going into rebuilding the production facilities where their recombinant hepatitis B vaccine and other products are manufactured. Although the laboratory

building that was new on my last visit in 1987 looks a little shabby today, it is no worse than many parts of the National Institutes of Health in the US. From my conversations with CIGB research and production staff, starting with Luis Herrera, who is in charge of production, it is clear that needed resources are forthcoming from the government.

Training opportunities also seem to come first to CIGB. Most staff have spent time at prestigious research institutes around the world. The only question the production people at CIGB asked me was where I thought their people could find similar opportunities to learn about fermentation, formulation, and other steps in the making of vaccines. Industry had not been as open as the research institutions. INSAT struggles to place even a single researcher abroad.

Surely, in the past, the protection of workers had received high priority in Cuba. Unlike many developing countries, Cuba applied the most stringent international permissible exposure limits and seemed to favor the worker over the demands of production. But now, instead of investing in programs and institutions that directly enhance the health of Cubans, income is the objective. The need to acquire hard currency seems to dictate that government resources flow to those institutions that offer a prospect of international sales.

My colleagues and I asked Dr. León a hard question: Why can't INSAT earn hard currency when it provides industrial hygiene consultation to the new joint ventures? The answer was revealing: "All health services are free." The Ministry of Public Health seems set in the old model. It has not yet seen how to take advantage of market reforms or noted the distinction between free health services for the population

and free services to corporations that could pay.

I ended my visit at a lovely lunch with Dr. Antonio Granda, in Cojima, the spot from which Ernest Hemingway used to go deep-sea fishing. The retired head of INSAT, Dr. Granda now teaches public health in Havana and travels frequently to other Latin America countries to work with colleagues. By consulting for industrial firms, most recently in Venezuela and Ecuador, he helps make ends meet for his family. Through this adjustment to the market economy, Dr. Granda earns just enough hard currency income to have his own private car, an old Lada. As we returned to Havana, Dr. Granda managed to drive this shaky machine fast enough so that we were pulled over for speeding. He explained that he was taking an American to a meeting at the Ministry of Public Health and got off with a warning.

There is little doubt that Cuba is ready to open its doors to Americans. As is evident in current efforts to create a bipartisan national commission on the subject, many Americans, including Senator Dodd, think it is time we reconsidered our 30-year-old policy of isolating Cuba. Perhaps, as Dr. Granda said to me, "You will realize that your Cuba policy isolates *you* in the world, not Cuba." ■

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